

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09714898</u>	FILING DATE <u>11-15-00</u>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<u>2</u>						TOTAL IND.						
TOTAL DEP.	<u>17</u>						TOTAL DEP.						
TOTAL CLAIMS	<u>19</u>						TOTAL CLAIMS						